- Red flags → fever
→ Green vomit or [illegible]
→ Hematemesis (breathing)

CHIPS → P.S.
→ Vomiting intractable
→ Solid mass

1) Girl hieght >97 , tunnerstage → MRI brain. / Isolated ~~thelarche~~ and follow up every 3 months
2) patient with cholestasis → ~~US~~ / Vit K
3) Dubin johnson → direct hyperbilirubin, and his brother
4) (Pative)
5) Bartonella / Toxoplasmosis Cat [illegible]
6) gastritis → (بيعدي من الفم) / ~~Fruit~~ /
7) Functional Constipation / مبيا كلش خضار وفاكهة
8) EOS (Early onset sepsis) → Group B strept.
9) Torch screen → microcalcification Brain
10) infection mononucleosis Hepatosplenomegaly → sore throat , white tongue / tentative tonsils
11) C. deficil → amoxicillin عشان O.M /
12) ~~Breast~~ cow milk allergy → occult Blood stool /
13) Napkin dermatitis + Blood → (lactose intolerance) / ~~IBD~~
14) Congenital الأولوية infection → toxic → [illegible] /
15) appendicitis mark all + Constipation → FMF ~~[illegible]~~
16) mantoux ~~test~~ → (Tb)
17) maintainance 1.125 L ① 10 → 100 ② 10 → 50 ③ 20 → 20 /
18) GSC → 10
19) treat Rash & follow up اولوية → Inguinal lymph node + Rash /
20) molteled → sepsis
21) Shock therapy 60 _ 180' ~~minute 5 - 10~~
22) Systemic Oxygen → ~~Expo~~ / (O2 saturation) /
23) ergent intervention $\xrightarrow{\text{Red flag}}$ Greenish vomiting or direct bilirubin /
24) Jundice with huge abdomen → US ~~& doppler~~ / liver transaminase
25) (DVT) → Tender , hot , swolen
26) Continous / vomitting → IV fluid & lab /
27) persistent pulmonary أولا hypertension → full term + 3 meconium aspiration
28) droling Saliva Wilson → ~~8~~ Ceruloplasmin /
29) ASOT → ~~PS~~ PSGN.
30) Acute chest $ → hospitalization /
31) Thalassemia major → hypersplenism.
32) 2 wide pore Canula → Resusitation اولاوية ← Backed [illegible]
اول حاجه

↑Bleeding Time + Petechie

33) ITP → IVIg
34) Down ⟶ Follow up thyroid
35) Inotropsa in bradycardia → Hypotension Tac
36) Reccurent UTI → US
37) protien / Creat → Nephotic
38) Cystitis ⟶ dysuria
39) viral infection → post viral carditis
40) Bacterial meningitis → ↑ptm glucose
41) Cerebillitis ⟶ ataxic gait, Nestagmus
42) Viral infection, lymphocyte↑, glucose normal → ?? ~~predoisolone~~ phdnisone ADEM
43) Rash around eye → Dermatomyositis
44) C.P → Spastic C.p
45) CT 48 Hr → وقع من العجلة لطالع ايه الأعراض
46) Intracranial hemorrhage → Hg ↓ hemoglobin
47) ~~Entry~~ ~~ms~~ G.B (Gullian barre) ⟶ Nerve conduction + EMG inf, ass.
48) ataxic C.p ⟶ MRI
49) ~~Bone marrow study~~ → Kan 3ndo aplastic anemia, pancytopenia
50) ~~febrile convulsion with status epilepticus~~ Status Epileptic
اكبر من ٥ سنه
51) Hepatitis A → hygien
52) G6PD مريض drug Sulfa
53) Rota ⟶ watery diarrhea
54) Fundus exa (US) ⟶ ↑Icp, headache
55) obstructive hydrocephalus →
56)
57) واحد عنده اكتر من ٥ سنين وعنده fever جاله
Status epileptics (seizures prolonged) → (Status epileptics only)
عشان febrile conv ـ اكبرها ٥ سنين
green eye or yellow eye + jaundice + ابيضها ما تتحركش
→ CT,
first → transaminase, direct bili, US & doppler
Chp8

ابوالعنيم MCQ Pediatrics round 3

④th زرقن A2

التاريخ: / /

الموضوع: ______

① trauma + Pallor + crying بيرما اعتبط → Pallid cyan spells

② teacher complain 10-20 second (absence) → ~~Partial~~ / EEG

③ fall Ground → CT follow 48 h

④ Puffness - convulsion - cam → BP measurment

⑤ ↑reflex + urinary → Spinalcord MRI

⑥ VP shunt → vomit - Pain - → CT Brain + CSF

⑦ ↑reflex ↑tone - behavior change - irritable → Subtentorial ~~(cerebellum~~

⑧ Headach photophobia - abdominal pain - neck rigid → CSF

⑨ CP (dst labour) → Pseudo bulbar

⑩ Gullian barre → nerve conduction

⑪ tongu fasciculation → SMA 1

⑫ ⑮m febrile convulsions → ↓T /// or ~~CSF~~

⑬ 9m (3M → meningitis) → ~~[illegible]~~ obstruction

⑭ بيمر بين الحرو والبوليس → conduct ben

⑮ ~~ADHD~~ - Auti 3m → multifactoria (Emi ...

⑯ 2m PFO + mild htn + RDS → reassure / catheter

⑰ Left sternal murmer + [illegible] → ~~[illegible]~~ innocent murmur Reassess in 3 Months

⑱ Down → Duodenal atresia

⑲ Turner → delayed puberty

⑳ 4Y enuresis → Reassure to 5Y

㉑ Isolation مش بيلعب مع حد ---- no drugs بينام كتير → Child depression

㉒ Amenorrhea + loss weight ---- 4/60, Tachycardia → Anorex + Manage IV / ~~[illegible]~~ psychiatry

㉓ Rheumatic Heart → Duretic + ACE + Steroid

㉕ 10 motion diarrhea, 39°C → ~~[illegible]~~ / Rota virus

㉖ HAV → hygiene

㉗ HAV → IgM

(28) Wilson + abnormal movement → cerulo plasmin urine
shrunk liver
salivary

(29) NICU المرضعة وهي تغير له بيعيط → hip-US

(30) Dermato myositis → CPK

(31) Sever hypotension + irritable but concious 8 kg → moderate
40/60, Tachycardia
shock therapy
"5-10%
dehydration

(32) red flag → Green vomit

(33) Gastritis /pept ulcer → Pain + walke / ينقص الاكل
~~milk reduce it increase it~~

(34) tense fontanelle + projectile [illegible] → CNS tumor
Significant weight loss + electrolyet

(35) non Bilious
vomiting + Na 135 - K4 - RBS 110 + → cow milk /
fecal occult blood ; exclusively B.F.

(36) Sunken eye, Tachycardia, Severe diarrhea [illegible]
↳ IV fluids + lab investagion

essay Tof

distribution of HUS
fever + unilateral joint pain
B.A

Essay final!

1- Case Systemic juvenile idiopathic or rash come with fever

2- SLE → Malar rash

3- fallot

4- VSD (poor feeding)

5- adolescent problems
  - → sexual d.s
  - → acute, chronic illness
  - → Alchohol abuse
  - → smoking

6- Enuresis causes & ttt
  - causes: sleep apnea, sleep dis!, UTI, physcatric
  - ttt:
    - → Life style
    - → ADH
    - → Alarm
    - → TCA

7- ADHD → Symp.
  - careless
  - lose things
  - on the go
  - x wait by turn

8- Autis
  - → No eye contact
  - → Gestures
  - → x func part of play
  - → ↓b response to other emotion

9- Nephritis (PSGN)

10- Rheumatic fever

11- Febrile convulsion 4 characheteristics
  - → Conv. with ↑ fever
  - → Gen. Tonic Clonic
  - → short duration
  - → usualy one convulsive in same illness

12- Mimic seizures
  - → B.H.A.
  - → Ticks
  - → sandyfer
  - → masturbation

13- Gait abnormality types → S, W, ~~C~~ A.

14- physiological & pathological Jaundice

15- DM long term complicatione
  - → Nephropathy → screening
  - → Neuropathy [illegible] → Dopler
  - → Retinopathy
  - → Diabetic foot

16- Down syd → antenatal investigation
  - → 3 TUT
  - → C.V.S
  - → ~~[illegible]~~ amniocentesis
  - → + US

17- floppy infant - werdnig hoffman, Down. Atonic CP. Duchane

18- HUS
  - → SP
  - → purpra
  - → palor
  - → puffness
  - → Bloody diarrhea
  - + oliguria

19- deficit

anorexia

29) Child with HAV infection what is the Most Management.
↳ personal hygiene

30) Female Child + Face rash + Arthritis. + rash increases with Sun exposure (photosensitivity) + LL Rash
~~+ S~~ → diagnosis → SLE

31) Aphthous ulcer + Blood in stool + abdominal pain
↳ IBD neutrophils

32) Female child with Arthritis + LL ~~ede~~ Rash up to Buttocks
+ HSM + Bleeding per rectum + Abdominal distension
↳ diagnosis → Henoch schonlein purpura. HSP

33) LL edema (Bilateral) + Cardiac septal defect + valvular stenosis (Fallot) → O2 + Squatting.

34) Convulsion with Flexion of LL [illegible] & Flexion of neck. steroid
long last for 15-30 min (Infantile spasm) ~~tt~~ ACTH

35) attack of Vomiting + Constipation + 3 ~~att~~ previous
attack نوبة جاله :- Appendectomy. , ~~Volvulus~~ FMF , Adhesion

36) ~~VSD~~ 4 Month with VSD + Recurrent chest infection
csbg ~~ER~~ ED with sever manifestation of..

ثم علاجه: Refer To Surgery. ✗

37) headache unilateral + Vomiting + Blurred vision → NSAID
migraine

داخلي

MCQ Book.

⑳ Child with polyuria & polydepsia + Glucose 400
يعني DM I

㉑ Bilateral Renal scar $\xrightarrow{\text{نعمل ايه}}$ VCUG OR ~~BP measurement~~

㉒ child with Diabetes Insepeds. → what is the Correct statment → Copeptin is a strong measurment.

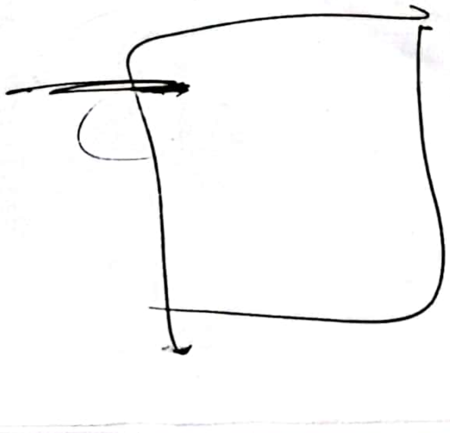
㉓ ~~Ch.~~ Neonate with Meconium staining. ولو هي بي distressed $\xrightarrow{\text{نعمل ايه}}$ Entubate.

㉔ Fever + Generalized Tonic clonic Seizures. اول مرة
~~[illegible]~~ for 2 hrs $\xrightarrow{\text{تشخيصه}}$ status epplepticus OR Febrile Convulsion

㉕ ~~Child~~ Neonate with Total BIL ⑩ with difficult Breast Feeding و تاخد parental Feeding + عنده Jaundice ~~[illegible]~~ + Direct Bilirubin normal يعني Indirect hyperBilirubinemia. بيعمل ايه؟ parental Feeding OR phototherapy OR Crigler Najjar Syd.

㉖ Mother had Infection 1 day befor delivery. Neonate with Respiratory distress → Early onset Sepsis with First 3 days.

㉗ Mongolian spots.



⑨ Ca^+ → decreased + ALp = 400 $\xrightarrow[\text{ايه}]{\text{يعني}}$ < rickets OR Vit D. Def

⑩ manifestation of Renal → what is the next step → measure BUN / Creatinine ratio

⑪ dark lips + petichae in lower limb
نهايتها → Shock Therapy 10 CC + dexamethasone

⑫ pyelonephritis نهايتها ~~ciprofloxacin~~ X
→ Amoxicillin, calvulinic acid ✓

⑬ Cord prolaps → HIE

⑭ Nephrotic syd $\xrightarrow[\text{جات}]{\text{بعد كده}}$ Generalized abdominal pain يعني Bacterial peritonitis.

⑮ Enuresis $\xrightarrow{\text{The Case}}$ psychiatric illness

⑯ UTI : نهايتها : VCUG.

⑰ 3 episode of UTI نهايتها < نشوف السبب OR نديله Abx.

⑱ Neonate with HR is 60 نهايتها chest compress. OR (Mask bag & Ventilate)

⑲ Child 8 Months with 97th of wieght is Case: Familial obesity OR Marginal.
Almondeye Prader willi

End rotation pediatric MCQ

①

① A Triangular Face → boy → with short stature & webbing neck
→ Russel Silver syndrome. (Neonan)

② جاله Turner → نعمله < GH تدي OR Reassurance & Follow up

③ Microcytic hypochromic Anemia with Thrombocytosis.
→ (Thalassemia) $\xrightarrow[\text{ايه}]{\text{نعمل}}$ Hb electrophoresis

④ Bloody diarrhea $\xrightarrow{\text{بعدها}}$ with hemolytic anemia + Thrombocytopenia
→ HUS

⑤ HSP جاله عنده arthritis relieved by NSAID with normal other examination نعمله
→ Reassurance

⑥ viral infection B3dha 2 weeks isolated thrombocytopenia → $\boxed{\text{ITP}}$ ✓

⑦ Child with Bleeding & prolonged PTT ?
→ hemophilia

⑧ dysuria + loin pain + fever
→ Pyelonephritis.

V

㉘ child with scaphoid abdomen with NO Sound in the left chest $\xrightarrow{\text{[illegible]}}$
→ left congetal diaphragmatic hernia.

㉙ ↓T4 & ↑TSH (1ry hypothyroidism) $\xrightarrow{\text{[illegible]}}$
L. Thyroxine.

㉚ Turner $\xrightarrow{\text{[illegible]}}$ GH Indication if ~~[illegible]~~

㉛ The First 2ry ccc in female is → Breast budding

㉜ hemiparesis + loss of Conscious + Glascoma scale 8
اولاً → Secure airway.

㉝ Alb +2 (→ in urine) + Acetone + S. Alb is Normal
→

- Duchen — → steroids vs cardiomyopathy?
- Atonic CP → MRI brain
- adrenaline in urine → sweating + headache.
- arthritis → NSAIDS.
- Case febrile convulsions → ↓ body temprature
- hydrocephalus → CT
- calcification → TORCH
- Turner → Exclude cardiac anomalies
- autism → no single cause
- neuropathic bladder → ?? مش عارفة إيه
- Anorexia nervosa
- ~~child~~ party → Morphine (Pinpupil)
- case VSD → refer to surgery
- Pyloric stenosis → ultrasound abdominal
- Most common cause of Intussuseption → polyp معرفتش
- causative organism of dirrhea → Clostradium difficle
- Vomiting diarrhea fever → IV + Labassesment
- functional abdominal pain due to lack of fibers
- appendectomy scar → ~~ulcerates~~ FNF
- 40/20 mm → ~~80~~/60 Rapid infussion IV
- First step in cholestasis → ~~ultrasound~~ VIT K
- Liver cell failure → ↑ INR ↓ low albumin
- jaundice + dark urine + clay stool → Billiary atresia
- Congenital infection
- lumbar puncture vs sepsis ?
- case ↑ ICP → Papilloedema
- migrane
- migrane
- CSF normal → viral meningitis
- focal seizures → CT
- repeat CT after 48h
- Duchen → gower
- GBS → Emg + NCV

- henoch-schonlein purpura
- CD19

abdomen final round

1 - Constipation , Coarse features. sleepy, (hypothyroidism) → Lthyroxine

2? Δ face, Clinodactyly → Silver Russel

3 - Tonsillectomy 3ys → Carbohydrate preference 97th BMI → Environmetal obes

4. 400 sugar, acetone → Type 1 DM

5 - Preiclamsia Breatfeeding Normal 37 wk IUGR → Nicu → hypoglycemia

6 - bloody stool, Thrombocytopenia, pallor → HUS

?7 - 20 pt , echymosis, bluish discoloration under skin , Isolated thrombocytopenia → (IVIg , (pt transfusion)??

8 - premature rupture of membrane. Chorioamnionitis → IV antibiotic
2 apnea

9 - Cordprolapse → HIE

10 - female reccurrent UTI → Initial step → US

11 - Nephrotic + tenderness in abdomin → Bacterial peritonitis

12 - 20 hr Jaundice, start breast feeding → G6PD

13 - Case Sickle , pain → hydroxyurea

14 - Short stature, tachypnea → CKD

15 - Siezures > 2 hr. Respond to painful stimuli → ACL جدول حاجزة
<1min → (lethargy, stupor, Coma ll, disoriented)

16 - fever , Thalassemia 1wk retics 0.1% → (Aplastic crisis , hemolytic crisis, spleenomegaly)

17 - 4ys Enuresis → reassure

18. Nephrotic → prednison, Albumin, frusmide

19 - Case generalized edema 7ys, ~~[illegible]~~ no headach → Minimal change

20 - Sore Throat (cola colour) → post streptococcal glomerulonephritis

?21 - runny nose, congested pharynx - bilateral tender LN → Symptomatic tt

22 - Case down , bilious vommitting → deudenal atresia

23 - Hemorrhagic disease of Newborn → Vit K

24 - RDS → Surfuctant

25- fever, loin pain → pyelonephritis

26- Glascoma scale <8 → Secure airway

✓27- HR 70, No respiration, stimulation ولا شئ → air and bag Ventillat

✓28- Vommitting, Multiple bloody diarrhea → pre renal failure

29- pt with depressed fontanell, hyperk, hyponatremia, hypoglycemia
→ 10cc Shock + ~~hydrocortisone~~ d~~examethasone~~

30 - first 2ry sexual ch. → Breast budding

31- Turner → GH

✓32- Turner → Karyotyping, basal LH, FSH

✓33- Breastfeeding 1wk loss 0.4 wt → reassure

✓34- pyelonephritis → dehydrated → IV antibiotic until Request culture

✓35 - ↓Ca, ↑po4, Alp↑ → hypoparathyroidism

✓36 - ↓Ca, ↑po4, ALP↑, PTH↑ → chronic renal failure

37- diarrhea, wt loss, cereals gluten D, Vomiting خلال → celiac لما بدأ ياكل بعد 7 شهور

Essay:

① - Constitutional delay
- Investigation: GH, Thyroid Hormone, Bone age, kidney function

② - post strept. GN.
- Intrinsic Renal failure, Heart failure due to volume over load